



For Official Use Only

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
 REAL ESTATE & PROFESSIONAL TRADES DIVISION
 Telephone: (860) 713-6150
 Web Site: www.state.ct.us/dcp/

**APPLICATION FOR REGISTRATION AS A
 COMMUNITY ASSOCIATION MANAGER**

INSTRUCTIONS:

All spaces must be completed - please print in ink or type. This application **must be accompanied by a check or money order for the appropriate fee**, made payable to: "Treasurer, State of Connecticut". Application fee is non-refundable.

→ Return your completed application and fee to:

Department of Consumer Protection, License Services Division, 165 Capitol Avenue, Hartford, CT 06106

If application and fee is received between:	Application & Prorated Registration Fee:
February 1st - April 30th	\$160.00
May 1st - July 30th	\$135.00
August 1st - October 31th	\$110.00
November 1st - January 31st	\$ 85.00

Applicant Legal Standing:

Individual
 Partnership
 Corporation
 Limited Liability Company
 Association

Name of Applicant

Residence Address

Street Address	City	State	Zip Code
Telephone Number (with area code)	Social Security Number OR FEIN Number	Date of Birth OR Date of Formation of Legal Entity	

Have you ever changed your name or use a Trade Name? Yes No
 If YES, Give details

Business Address

Street Address	City	State	Zip Code
Tel Number (w/area code)	Business Name		

If Non-Resident, does applicant maintain a place of business in Connecticut? Yes No
 If YES, Give Connecticut Address below

Street Address	City	State	Zip Code
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Has or does the applicant hold a professional or occupational license, or any license or registration issued under any provisions of the General Statutes of any state? If YES, complete the boxes below. Yes No

Name of State License Held	Type of License
Dates Held	License #

Has license or registration ever been refused, revoked or suspended in Connecticut, or any other State or the District of Columbia? If YES, complete the boxes below. Yes No

Name of State(s)	Dates of Incident(s)
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Details

Has applicant ever been <u>convicted</u> of or now under arrest for forgery, embezzlement, obtaining money under false pretenses, extortion, criminal conspiracy to defraud, or any like offenses? If YES, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No
Will applicant be collecting fees on selling or renting real estate of others in the State of Connecticut? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant ever filed for bankruptcy? If YES, give particulars. <input type="checkbox"/> Yes <input type="checkbox"/> No
Is applicant engaged in any business other than community association management? If YES, state the nature of the business and where. <input type="checkbox"/> Yes <input type="checkbox"/> No

List all management associations applicant will manage. (If more than below spaces, attach separate sheet.) Attach proof bond for each association managed and verifying statement of assessments plus reserve funds signed by the Association Treasurer or Assistant Treasurer and by one other officer. Copies are acceptable.

Name of Association	Address	Date of Management	No. of Units	Amount of Bond <small>(3 Months Assessments + Reserve Funds = Amount of Bond)</small>

FOR PARTNERSHIP, ASSOCIATION, LLC OR CORPORATION ONLY

Note: No partnership, association, LLC or corporation shall be granted a registration unless every member or officer of such partnership, association, LLC or corporation who actively participates in community association management business is bonded. If the community management business is transacted by a partnership or association, give the name and resident address of each officer and director. Mark an "X" in the box for each member, officer or director who performs any of the duties of community manager as defined in the General Statutes Chapter 400b.

<i>Name</i>	<i>Address</i>	<i>Title</i>
<i>Name</i>	<i>Address</i>	<i>Title</i>
<i>Name</i>	<i>Address</i>	<i>Title</i>

Under the laws of what state are you incorporated?	Attach a Certificate of Incorporation and Verification form the Secretary of State of Connecticut that you are in Good Standing. If Out of State, attach a Certificate showing that you are authorized to do business in Connecticut.
List the name and address of the Agent for Service of process in the State of Connecticut	
Name	Address
Has any member of the partnership or association, or any officer, director or any stockholder having or exercising a controlling interest in the corporation, either directly or indirectly, been <u>convicted</u> of or now under arrest for forgery, embezzlement, obtaining money under false pretenses, extortion, criminal conspiracy to defraud, or any like offenses? If YES, please explain <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has any officer of the corporation ever filed for bankruptcy? If YES, give particulars: <input type="checkbox"/> YES <input type="checkbox"/> NO	

AFFIDAVIT	
<i>(To be made before a Notary Public or other official qualified by law to administer oaths)</i>	
I, the applicant or duly authorized member of the partnership or association, or officer of the corporation on behalf of which the above application is made, being duly sworn according to law depose and say the answers above set forth are true to the best of my knowledge and belief and that this application is made for the purpose of inducing the issuance of the registration requested.	
_____ Applicant	_____ Date
Subscribed and sworn to before me:	
_____ Signed: Notary Public	_____ Date